

AUXILIARY SERVICES STAFF REQUEST FORM

School: _____ Date: _____

Principal: _____ Projected ADM: _____

I request the following NPSS services for school year _____. I understand that requests are a commitment to use NPSS funds for designated personnel.

FULL-TIME CONTRACTED STAFF → Percentage of Time Requested

Remedial Reading Teacher:

Name: _____ % _____

Name: _____ % _____

Remedial Math Teacher:

Name: _____ % _____

Name: _____ % _____

Remedial Social Studies Teacher:

Name: _____ % _____

Name: _____ % _____

Remedial Science Teacher:

Name: _____ % _____

Name: _____ % _____

Guidance Counselor:

Name: _____ % _____

Name: _____ % _____

Psychologist:

Name: _____ % _____

Name: _____ % _____

Nurse:

Name: _____ % _____

Clerk:

Name: _____ % _____

PART-TIME HOURLY TUTOR(S) → Content → Hrs/Week

Name: _____ Content: _____ Hrs/Week: _____

Name: _____ Content: _____ Hrs/Week: _____

Name: _____ Content: _____ Hrs/Week: _____

COMMENTS:
